

MOBILE / MANUFACTURED HOME APPLICATION

**SECURITY MUTUAL
INSURANCE COMPANY**

Agency Name/Address _____

Code _____

Named Insured And Mailing Address: _____

2417 North Triphammer Road
P.O. Box 4620
Ithaca, New York 14852-4620

Bound: Yes No

Required Form _____

Town _____ State _____ Zip _____ County _____

Period _____ To _____ 12:01 a.m. Standard Time

Described Location If Other Than Described Above: _____

If Address Given Without Street Number Give Specific Directions:-Use N/E/S/W

Residence	Related Private Structures	Personal Property	Add'l Living Expense	Personal Liab.	Med Pay
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DESCRIPTION OF MOBILEHOME:

YEAR	MAKE	SERIAL NO.	LENGTH	WIDTH

Purchased by insured: Mo. _____ Yr. _____ Used New Price new incl equipment _____

Protection _____ Zone _____ Deductible _____

Tie Down _____ Permanent Foundation _____ Primary Only _____

Feet from hydrant _____ Miles from Fire Dept. _____ Fire District _____

ADDITIONAL FORMS & COVERAGES:

- Farm CPL (ML-10) Operated by Insured Rented to Others Total Acreage _____
Location _____
- Additional Residence Occupied by Insured: Location _____
- Vendors Single Interest (ML-27)
- Additional Residence Rented to Others(ML-40) Descr. 1 or 2 Family
Amount _____ Location _____
- Office or Studio Occupancy (ML-42/ML-43) Describe: _____ Med Pay Applies
- Additional Insureds (ML-41): _____ Interest _____
Mailing address: _____
- ML-48 Related Private Structures Amount _____ Describe _____
- ML-55 Replacement Cost Contents
- ML-216 Alarm System (Central Alarm Attach Certificate)

<input type="checkbox"/>	Premiums
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

ADDITIONAL INFORMATION:

Mortgagee _____

**Please Complete Reverse Side.
Insured's Signature Required.**

DIRECT BILL INFORMATION

NEW ESCROW ACCT- BILL MORTGAGEE SECOND YEAR YES

Payer if other than Insured: _____

Yes - pay by EFT, signed form required

Down Payment plus Fees
Must Accompany Application

MR-51 Outboard Motor & Boat **Inboard/Outboard** **(Attach Boat Application)**

ML-75 Watercraft (Inboard-Outboard & Outboard Only)

Inboard-Outboard: Speed _____ MPH Length _____ Feet
Sailboats: Length _____ Feet
Outboards: No. _____ HP Each _____ Total HP if Combined _____ Ded. _____ Rate _____ Premium _____
Navigation Period _____

ML-61 Scheduled Personal Property (Attach Current Appraisals)

Class Amount of Insurance Premium
Jewelry
Furs
Cameras
Musical Instruments
Silverware
Golfers Equipment
Fine Arts
Postage Stamps
Rare & Current Coins

Article Description Schedule Amount of Insurance

MR-61 Computer Coverage (Attach Bills of Sale)

Item Description Amount of Insurance

Loss Payee to Personal Property: _____

UNDERWRITING INFORMATION

A) Previous Carrier _____ Policy Number _____

B) Any carrier cancelled or declined risk within last 3 yrs. No Yes Explain _____

C) Has applicant had any loss, such as a fire, windstorm, theft, liability, etc. on this or any other property during the last 5 yrs. No Yes Describe _____

D) List all policies with SECURITY: _____

E) Wood Burning Stove No Yes If Yes, Attach Questionnaire.

F) Trampoline used/stored on premises No Yes

G) Animals/Pets on premises No Yes Breed & Number _____

H) Swimming Pool No Yes Above Ground In Ground Fenced No Yes Locking Gate No Yes

Diving Board No Yes **DO NOT BIND IF IN GROUND POOL IS NOT ENCLOSED WITH 3' FENCE & LOCKED GATE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **THE INFORMATION REQUESTED ON THIS APPLICATION IS MATERIAL TO SECURITY MUTUAL INSURANCE COMPANY IN ITS DECISION WHETHER TO ISSUE A POLICY OF INSURANCE. READ OVER THE APPLICATION CAREFULLY BEFORE SIGNING IT. By signing this application you confirm (1) that all information supplied, to the best of your knowledge, is true and (2) you have received a copy of Security Mutual's Privacy Notice.**

Insured's Signature Required.

Insured's Signature _____ Agent's Signature _____

Insured's Phone # _____



SECURITY MUTUAL INSURANCE COMPANY Privacy Protection Policy

At Security Mutual, providing for your security is our highest concern. We have been protecting policyowners since 1887, and that includes protecting the privacy and confidentiality of our customers' personal information. Therefore, we are pleased to publish Security Mutual's Privacy Notice, which describes how Security Mutual, its subsidiary, Security Mutual Brokers Services, and association, New York Mutual Underwriters, handle the information we receive about you.

Information Collection

- ◆ We collect and use information about you in order to provide you with insurance and other services.
- ◆ We obtain most of the information from you, primarily from the application you complete when you apply for our products or services.
- ◆ **Transaction Information:** This is information about your transactions with us, our affiliates, or others. It includes your insurance coverage selections and premiums, payment and claims history, and information necessary for billing and payment. It may also include additional information used to adjust, investigate, and settle insurance claims, such as witness statements and police reports. Transaction information may be disclosed as described below.
- ◆ **Consumer Report Information:** This is information we receive from a consumer reporting agency, and is used to confirm or supplement application information. It includes motor vehicle reports and/or claims history reports. We will disclose consumer report information only as necessary to quote or service your insurance policy and as permitted or required by law. To underwrite your insurance and provide an accurate insurance quote, consumer report information may be shared with our affiliated insurance underwriting association. By obtaining a quote or applying for insurance with us, you consent to our sharing of this information with our affiliated insurance underwriting company.

Information Protection

- ◆ To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with state regulations. We have also appointed a corporate privacy officer to monitor compliance with the Company's privacy policy.
- ◆ All employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate reason for doing so, such as responding to a customer request.

Information Disclosure

- ◆ We will not sell your personal information.
- ◆ We will not disclose your personal information except as necessary for conducting business or where permitted by law. For example, we may disclose your personal information to your agent, our employees or our service providers so they can service your business or respond to your questions or requests. We require the recipients of such information to protect the information and use it only for the purpose provided.

Future Notification

Each year, we will provide you with a summary of our privacy policy.

For More Information

If you have any questions about Security Mutual's privacy policy, please contact us or write to our privacy officer at Security Mutual Insurance Company, Post Office Box 4620, Ithaca, New York 14852-4620.